



STRENGTHENING HIV/AIDS services for MARPs in PNG

QUARTERLY REPORT

April 1, 2013 to June 30, 2013

ABBREVIATIONS

AIP	Annual implementation plan
APRO	Asia Pacific Regional Office
ART	Antiretroviral therapy
CMT	Case management team
COGs	Clinical Operating Guidelines
CoPCT	Continuum of Prevention to Care and Treatment
CST	Care, support and treatment
FBO	Faith- based organization
FSO	Field Support Officer
FSVAC	Family and Sexual Violence Action Committee
FSVU	Family Sexual Violence Unit
FY	Fiscal year
GBV	Gender-based violence
HCT	HIV counseling and testing
HIV	Human Immunodeficiency Virus
IA	Implementing agency
LLHS	Living Life Health Services
MARP	Most-at risk population
M&E	Monitoring and evaluation
MOU	Memorandum of Understanding
MSM	Men who have sex with men
MTS	Men in transactional sex

NACS	National AIDS Council Secretariat
NCD	National Capital District
NDoH	National Department of Health
OI	Opportunistic infection
PHO	Provincial Health Office
PLHIV	People living with HIV
PLWHA	People Living With Higher Aims
PMP	Performance management plan
PNG	Papua New Guinea
PPTCT	Prevention of parent-to-child transmission
RAC	Research Advisory Committee
SBC	Strategic behavior change
SBCC	Strategic behavior change communication
STO	Senior Technical Officer
STI	Sexually transmitted infection
TA	Technical assistance
TG	Transgender
TOCAT	Technical and Organizational Capacity Assessment Tool
TWG	Technical working group
USAID	United States Agency for International Development
VCT	Voluntary counseling and testing
WTS	Women in transactional sex

TABLE OF CONTENTS

EXECUTIVE SUMMARY	1
SUMMARY TABLE	9
CORRELATION TO PMP	21
RESULT-BY-RESULT ANALYSIS	34
FINANCIAL SUMMARY	48
SNAPSHOT	49

EXECUTIVE SUMMARY

FHI 360 Papua New Guinea (PNG) and its five implementing agencies¹ (IAs), completed third quarter (Q3) of first Fiscal Year 2013 (FY13) in implementing the five-year “Strengthening Services for MARPs in Papua New Guinea” Project (HIV MARPs Project). During Q3, the FHI 360 PNG program, finance, and technical teams, with assistance from FHI 360 Asia Pacific Regional Office (APRO) in Thailand, continued to provide management and technical assistance (TA) to the six IAs to implement activities. FHI 360 and its implementing partners collaborated with National Department of Health (NDoH), National AIDS Council Secretariat (NACS) and the Provincial Health Offices (PHOs) of National Capital District (NCD) and Madang province to implement the project activities.

KEY TASKS OF THE PEPFAR FUNDED USAID/FHI 360 PROJECT Q3 OF FY13:

- **Completion of hotspot mapping** by Salvation Army and Four Square Church/ LLHS (Living Life Health Services) in NCD and PLWHA in Madang
- **Accreditation of Koki, Kilakila and Kaugere Clinics to commence operations in Port Moresby:** Koki clinic of Salvation Army was not registered previously. FHI 360 and Salvation Army are in the final stage of registering the clinic by PNG Medical Board. Meanwhile, the clinic has been granted Clinic Code by the NDoH for to be eligible to receive regular medical supplies for medicines and consumables through Government Area Medical Store. All Voluntary Counseling and Testing Center (VCTC) conducted one screening test earlier. During Q3, all the VCTC in Ela Beach, Kaugere and Kila Kila are approved to perform two rapid tests by NDoH
- **Completion of the renovation and refurbishment of the Koki Clinic** and Kaugere Clinic
- **Recruitment of Project Coordinator and clinical staff as well as five active MARPs as new peer educators** replacing outreach workers under the Salvation Army project; and **recruitment of all staff** by LLHS/Four Square Church except the senior counselor for the Meri Seif Place.
- **Pre-testing of the unique identification** coding (UIC) system for target beneficiaries of project allowing for clinical and outreach services to be linked at the field level.
- **Training of both the outreach and clinical staff on M&E** in both NCD and Madang provinces and establishment of monitoring and reporting systems of the IA to report effectively to FHI 360 centrally
- **Development of the Capacity Building Plans** for IAs using Technical and Organizational Capacity Assessment Tool (TOCAT) of Six Implementing Partners. **Two abstracts** titled, “Bolstering adherence to reduce mortality amongst key population using case managers, Port Moresby” and “Risk factor analysis for STIs in Papua New Guinea using clinical and outreach data” were submitted for **ICAAP 2013** to be held in Bangkok.
- **Sensitization training of journalists on Gender Based Violence** from **21 radio stations of the PNG** National Broadcasting Commission (NBC) by FSVAC

¹ The Salvation Army, LLHS/Four Square Church and the Family & Sexual Violence Action Committee (FSVAC), based in the National Capital District (NCD); and People Living with Higher Aims (PLWHA) and the Madang Provincial Health Office (PHO) based in Madang Province

OBJECTIVE 1: To increase demand for HIV/AIDS services by MARPs, their sexual partners, and their families

FHI 360 technical and program team conducted a refresher training for peer educators from Salvation Army and LLHS/Four Square Church June 3 - 7. The training focused on basic HIV/AIDS information, referrals to HCT and STI diagnosis and treatment services, appropriate use of decision tree, correct categorization of MARPs and recording of data. Fifteen staff (two males, ten females and three trans genders) attended the refresher training.

FHI 360 PNG technical team in collaboration with staff of Kilakila Clinic developed a UIC system for clients. FHI 360 along with Salvation Army and LLHS/Four Square Church has piloted the new UIC system for next three months from June to August 2013. FHI 360 team introduced the UIC to 30 participants (20 peer educators, 4 fields support officers, 2 M&E Officers and 4 project staff) during a one day workshop on 23rd May focused on micro-planning. After the pilot phase, FHI 360 and USAID will assess the viability of implementing the UIC system throughout the MARPs project.

Matt Avery, FHI 360 Technical Advisor for Strategic Behavior Communication (SBC) from APRO provided TA to FHI 360 PNG and its IAs from 15 June-5 July , 2013 in both NCD and Madang. Matt Avery reviewed progress of his previous TA provided and assisted FHI 360 PNG staff in preparing for upcoming SBCC activities and finalization of SBC tools. Matt Avery also provided guidance on finalizing several tools, and helped staff to draft plans for holding Entertainment Club Managers' coordination meeting and a workshop to prepare terms of reference for MARPs support group meetings. In Madang, Matt Avery reviewed project activities, and delivered recommendations for technical strengthening of the project.

Matt also worked with local staff to draft two new SBC tools focused on key STI messages. The first, a booklet on "What To Expect At Your Check-Up" is adapted from an IEC tool produced by FHI 360 Cambodia. It should be ready for printing by the end of July. The second, a Choose Your Own Adventure-style comic book, will hopefully be finalized for pre-testing during the next planned TA of Matt Avery in Mid-September 2013. Meanwhile, local staffs will work with IAs to review and modify the draft storyline and prepare pictures. The layout and printing of the book will be done in Bangkok and Port Moresby respectively.

FHI 360 PNG finalized the development of SBCC materials. Outreach and Clinic Referral Cards are currently in print. FHI 360 is in its final stage of completing the artwork of the risk cards with the instruction manual. FHI 360 SBC Officer is finalizing the Risk Message Cards to align with the revised SBC plan. These cards will be finalized by the end of July following feedback from CO staff.

Peer educators are conducting outreach interventions using the tools developed by the SBC team. These tools equip peer educators to conduct a systematic outreach and enable them towards influencing target population behavior for uptake of HCT services. It is evident that use of these tools have enabled outreach team to reach out to increased number of target population during Q3. The PEs use HIV counseling and testing, condom use and STI flow charts to explain to their clients the barriers for behavior change. PEs also provide options to the clients based on the response using these tools. Tools such as risk assessment cards help PEs to identify the high and low risk behaviors in a participatory manner during outreach activities. The tool is pictorial and easy to understand despite low literacy level, sexual orientation, sex and cultural difference or religion. Most MARPs do not seek medical care unless

they are sick. Despite their sexual behavior, they do not seek regular medical checkups. The SBC material focusing on STI provides information about the services provided to MARPs. It encourages the MARPs to seek friendly services at the clinics.

Salvation Army terminated the contract of five peer educators as they were recruited from the general population. This time, Salvation Army was successful in recruiting peers including men in transactional sex (MTS) and men who have sex with men (MSM)/transgenders (TG). On the other hand, FHI 360 advised PLWHA to balance the number of MTS and MSM/TG with WTS instead of having more WTS as peer educators (PEs). The peer educators recruited by Salvation Army attended the basic peer education training and are deployed for outreach interventions.

FHI 360 PNG provided the necessary TA to Four Square Church, Salvation Army and PLWHA to complete the hot spot mappings in NCD and Madang. TA included development of tools and protocols, training and field supervision of outreach teams in both provinces. FHI 360 along with Four Square Church, Salvation Army and PLWHA conducted the hotspot mappings in both provinces in two phases. The first phase in NCD was implemented from 18th - 20th of April and the second phase from 2nd – 4th of May. A total of 25 sites of the 31 sites listed were mapped and 6 sites were left out because of security reasons. The hot spot mapping in Madang was implemented from 20th June to 29th June. The mapping was done for 22 sites identified by the PEs in Madang town. These sites were divided into six manageable size zones to be visited by six teams of PEs and project staffs. The report of the hot spot mapping will be finalized by mid – September 2013.

Peer educators who are peers themselves identified potential hotspots. As part of the hotspot mapping exercise, IAs and FHI 360 team visited all the potential hotspots. After that, FHI 360 team conducted a debriefing exercise and reached a consensus whether identified locations are hotspots or not. It was agreed that minimum 5 persons from target population should be congregating to negotiate sex/ or have sex at one place to be qualified for a hotspot. Hotspot mapping team used tools such as key informants and observation forms. Hotspot mapping team selected those places which were considered hot. Team also confirmed again through observation and interviews with key informants. Finally team selected a total of 36 sites. After the hotspot mapping exercise, a micro-planning workshop for the PEs was organized to develop micro plans to manage sites. During this micro plan workshop, IA and FHI 360 team allocated sites to the PEs.

Following the hotspot mapping, IA and FHI 360 developed site plans for peer educators to conduct outreach interventions.

Salvation Army has 16 sites that are divided into five zones. Each zone covers 3-4 sites. Two peer educators are responsible for each zone. LLHS/ Four Square church has 20 sites which are under two catchment areas – Kaugere and Kila. Two peer educators are responsible for 4 sites. The peer educators will be working in the sites allocated to them for longer period so that they can understand the dynamics of the site, know the peers and build relationships with gatekeepers and local people. The PEs will eventually be able to manage their sites by developing micro-plans and implement them.

With technical support from FHI 360 PNG, LLHS/Four Square Church conducted two joint outreach and clinical team meetings. The purpose of these meeting held on 20th May, 2013 and 28th June was to to strengthen referral linkages between the field and the two clinics.

On the 21st of June, FHI 360 MARPs program team in NCD trained the two IAs in NCD namely LLHS and Salvation Army to conduct the first WTS and MSM/TG support group meeting for the year with the peer educators and the target populations. A total of 23 FSW attended the first meeting while 9 attended MSM/TG support group meeting.

Bolalava Vaia, FHI 360 SBC Officer continued to represent FHI 360 at the monthly Condom Program Co-ordination Committee (CPCC) meetings during this reporting period. FHI 360 PNG team members also participated in the MARPs Communication Workshop conducted by NACS on the 14th - 17th of May 2013 at the NACS Office. The objective of the workshop was to develop a National MARPs Communication Strategy for NACS. FHI 360 also participated in the MARPs Mapping Workshop with Poro Sapot, Anglicare and Sirus Naraq Foundation Program Officers and Peer Educators from 2nd, 9th and 23rd May, organized by AusAID under HHISP. FHI 360 program officers also attended a stakeholder meeting hosted by Tingim Laip “or Value Life” for services providers and key stakeholders. The topic of discussion was on strengthening referrals and linkage.

FHI 360 continued to distribute boxes of condoms and lubricants to IAs that will distribute the condoms and lubricants either directly to beneficiaries during individual and group sessions or through outlets set up in the targeted sites. During Q3, FHI 360 distributed a total of 38,000 condoms (33,000 cola scented male condoms and 5,000 female condoms) to IAs in NCD and Madang. A total of 56,000 lubricant packets were also distributed to IAs.

The three IAs (Four Square Church, Salvation Army and PLWHA) distributed a total of 67,249 condoms including 61,639 cola scented male condoms and 5,610 female condoms to target populations in Q3. During this reporting period, the three IAs also distributed a total of 16,577 lubricant packets and 203 IEC materials. PLWHA received HIV/AIDS and STI pamphlets from Madang PAC.

A total of 870 MARPs including (187 WTS², 57 men in transactional sex (MTS), 110 MSM/transgender men (TG), 237 high risk women and 279 high risk men) through one-to-one contacts during Q3 period. The majority of the MARPs (423) were reached by the team from PLWHA in Madang who reached more high risk men and women (81.5%) compared to WTS (9.5%) and MTS and MSM/TG combined (9.0%). The outreach team from Living Light Health Services (LLHS) conducted outreach for the full three months of third quarter and reached a total of 347 MARPs comprising mostly of WTS (37.5%) followed by high-risk men and women (33.7%) and MTS and MSM/TG combined (28.8%). The outreach team from Salvation Army reached a total of 100 MARPs mostly high risk men and women (54%), followed by MSM/TG (21%) and WTS (17%) with the remaining being MTS (8.0%). The number of MARPs reached through outreach intervention increased considerably during the third quarter after a slow start in the second quarter. Hot spot mapping by three IAs involved in outreach intervention in NCD and Madang has slowed down the outreach intervention a bit.

OBJECTIVE 2: To increase supply of HIV/AIDS services for MARPs, their sexual partners, and their families

² Most Female sex workers do not like to be called sex workers. WTS is thus used to describe those women who are engaged in transactional sex. FSW are sub set of women in transactional sex. FHI 360 will record those women who consider themselves are female sex workers in future reports.

FHI 360 worked closely with NDoH to support the approval of The VCTC of Salvation Army at Ela Beach to use the two rapid test kits as per the National algorithms. The VCTC center will not only continue doing VCTC but will also work closely with the House of Hope – GBV facility under the MARPs project. FHI 360 will be working with Salvation Army to equip the House of Hope and VCTC Center for trauma counseling as well as a functioning as an effective temporary shelter facility for women and girls survivors of violence. FHI 360 M&E team assisted the Counselors on recording counseling and testing sessions and to enter records manually into a newly designed VCTC daily Log book. FHI 360 STO Care & Treatment also provided mentoring support for using the checklists on VCTC, internal and external quality assurance mechanisms on a weekly basis. FHI 360 also set up a system with Central Public Health Lab so that dried blood spots could be sent to CPHL for External Quality Assurance Mechanisms (EQUAS). A team from NDoH visited all the three clinics including Kila Kila, Kaugere and Koki to ensure National Guidelines are adhered. Both IAs are working on the recommendation given by the NDOH team.

Dr. Jerry Tanumei, Director for Curative and Prevention Health Care Services for NCD PHO visited the Salvation Army's Koki Clinic and LLHS/Four Square Church supported Kaugere and Kilakila Clinics on 8th of May. He gave verbal approval to initiate clinical services for MARPs interventions without waiting for the formal registration by the PNG medical board. It was discussed that Kila Kila Clinic be the referral point for clients accessing Kaugere clinic for Laboratory services. Dr Tanumei suggested that Four Square Church/ LLHS should consider relocating TB clinic or block-off existing door due to limited spacing and most importantly to minimize cross infections. Renovation work for the clinic is progressing well.

FHI 360 technical team continued to provide supportive supervision and mentorship to program clinical sites mostly in NCD during Q3. The ongoing mentoring and technical support enabled the staff of Kaugere and Kilakila clinics and VCTC Center of Salvation Army to provide HCT services for the three months of Q3 while Kilakila and Kaugere Clinics and Id Inad Clinic in Madang also provided STI services. During the third quarter of FY13, a total of 477 individuals (200 males and 277 females) were tested for HIV and received their results at the four project clinics. Of the total number of clients tested 25 were WTS, 3 were MTS, 1 MSM/TG, 91 were high risk women, 92 were high risk men, 161 low risk women and 104 low risk men.

FHI 360 team set up the systems for regular STI checkups for MARPs, enhanced syndrome management and one presumptive treatment in Kila kila and Kaugere clinics. Team also rolled out clinical formats including STI registers. FHI 360 technical and program team continued their weekly visits to clinics for mentoring the clinical staffs on STI. Mentoring support focused on sexual history taking, syndrome diagnosis and correct treatment as per National Guidelines for Papua New Guinea. A total of 145 individuals (48 males and 97 females) accessed STI diagnosis/screening services in Q3. Majority of the clients accessing the STI services were high risk men and women (73) followed by “non-specific” or low risk men and women (64) with only 8 WTS reported so far in all three clinics combined reporting. Of the total that accessed STI services, 116 came with STI symptoms, 27 came for checkup and 2 came as follow-ups.

FHI 360 supported the IAs PLWHA and Modilon Hospital – Id Inad Clinic to conduct a first Kirap Bung Wantaim (KBW or “Arise and Get Together”) PLHIV support group meeting for FY13 on the 22nd of May, 2013. A total of 32 participants (12 males and 20 females) attended the meeting including 3 MSM and 12 WTS.

On the 21st of June, FHI 360 MARPs program team in NCD supported the two IAs in NCD namely Four Square Church/ LLHS and Salvation Army to conduct the first FSW and MSM/TG support group meeting for the year with the peer educators and the target population.

FHI 360 team conducted a series of meetings and communicated frequently with IAs in both NCD and Madang to ensure that the project is running smoothly and efficiently. Shiv Nair, Country Director and Chief of Party of the MARPs project travelled to Madang on the 23rd – 24th May to provide management support to FHI 360 Madang field office and meet the IAs. He briefed CEO of Modilon General Hospital on the Incentive Fund Application to support the building of Family Support Center. FHI 360 PNG Finance Officer conducted on the job training on SFRs and monthly projections. FHI 360 Finance Officer also conducted visits in June to FSVAC. Rakara Raula also provides on the job training and mentorship to FSVAC Officers on finance matters. As reported under objective four, FHI 360 team led by Capacity Building Advisor conducted visits to IAs in NCD and Madang and provided support in filling out the TOCAT checklists in preparation for the TOCAT assessment.

During Q3, FHI 360 continued to provide TA to GoPNG through participation in a number of national level technical working groups (TWGs), and committees. FHI 360's Senior Technical Officer (STO) for M&E participated in a number of Strategic Information (SI) TWG meeting which were focused on assisting NACS with the implementation of a MARPS size estimation exercise, estimates and projections for the national HIV prevalence, and preparation of the 2011 annual surveillance report. FHI 360's STO, M&E continued to contribute to the SI TWG as a core member providing inputs and TA for surveillance unit of the NDoH. FHI 360's STO, Care, Support and Treatment (CST), Dr Anup Gurung, attended the Research Advisory committee's second meeting for 2013 on 3rd June at Holiday Inn. Care & Treatment TWG meetings were focused on lab strengthening and roll out of the POC PIMA CD4 machines. NDOH / CPHL confirmed that FHI 360 supported three PIMA CD4 machines will be part of CPHL assistance. Discussions between the Senior Technical Officer and Dr. Evelyn Lavu, Manager Central Public Health Lab (CPHL) resulted into the need for external quality assurance (EQUAS) for the VCTC run by the project, training of the lab technicians and also integrating the newly purchased CD 4 PIMA machines into the National Lab systems for the country.

FHI 360 participated in the Medium Term Review (MTR) for the National HIV Strategy 2011 – 2015 at Holiday Inn on the 8th and 9th of May together with other UN agencies, INGOs, Local NGOs and the PACs. *The mid-term review identified FHI 360 led CoPCT as high impact strategy for HIV response in PNG* and acknowledged this model to be replicated nationally. Upon invitation from NACS, FHI 360 team made a formal presentation to the NACS management and their senior staff at the Kanawi Conference Room on 21st of June 2013. FHI 360 team discussed major components of the model, its successes and lessons learnt implementing CoPCT in PNG. Dr Moale Kariko, NACS Deputy Director of NACS thanked the FHI 360 team on behalf of NACS. FHI 360 was also invited for a WHO workshop for delivering a talk on mechanisms to reduce lost to follow up and increase ART adherence levels amongst PLHIV on ART from FHI 360 previous experience in the last USAID phase.

Meanwhile Id Inad Clinic reported data for May and June 2013 indicating that the clinic received 176 clients (63 males and 113 females including 17 children aged less than 15 years) active on ART at end of the reporting period. During May and June, 2013 a total of 16 individuals (10 males and 6 females including four children under the age of 15 years) were initiated on ART in Id Inad Clinic. FHI 360 will provide more mentoring and technical support to assist the IA to calculate retention rate in near future. Once prevention with positives (PwP) training is conducted for the CMT then data for PwP will be

reported. A total of 194 clients (69 males and 125 females) were provided with a minimum of one care service during the two months. The same clients were also provided with clinical care.

OBJECTIVE 3: To increase use of facility- and community-based gender and gender-based violence (GBV) interventions

A five day training on Gender Based Violence was conducted for journalists by Family Sexual Violence Action Committee (FSVAC) specifically for the National Broadcasting Commission (NBC) officers from the 21 provinces in PNG. The workshop was attended by 24 participants (8 females and 16 males) from the 6th -10th May 2013 at Peal Lodge, Boroko, in NCD. The workshop was facilitated by FSVAC, and supported by FHI 360 PNG Country Office and NBC head office in Port Moresby. In next quarter (Q4), FSVAC will conduct radio talk back shows on the topic of “why medical and psychosocial support is important for domestic and sexual violence victims” which tentatively planned on 9th September 2013. On September 25, FSVAC will engage male advocate and NBC broadcaster to facilitate a meeting for all media houses in Port Moresby regarding the issues journalist facing in reporting GBV related news.

GBV activities were not implemented by Four Square Church/ LLHS and Salvation Army in Q3 due to delay in setting up the clinics and accreditation. Nevertheless, two clients were referred by We Care Foundation to the House of Hope at Ela Beach place during Q3 both for physical abuse. The House of Hope (Shelter for GBV) was run by Salvation Army before the commencement of the MARPs project which has taken over the place for GBV services for MARPs and women & girls survivors.

Meanwhile, two indicators for gender based violence were incorporated into the medical STI case sheets of the clinics and also clinicians trained for the filling up of these case sheets. The STI log book also includes referral for PEP and has now been printed for roll out in the clinics.

OBJECTIVE 4: To strengthen health systems for HIV/AIDS service delivery

FHI 360 completed the TOCAT assessment and proceeded with the development of the capacity building plan for the IAs. Siddhi Aryal, a consultant, visited the country from the 08th – 20th of April, 2013 and provided TA necessary to complete the assessment and help with the development of the plan. This task has been successfully completed through workshops in Madang and Port Moresby. Since the TOCAT checklist was not adequately completed by IAs in NCD by the time the consultant arrived, the FHI 360 Capacity building advisor and program officers conducted one-on-one sites visits to each IA to help them complete the assessment.

FHI 360 PNG STO M&E conducted the second M&E Training on the 6th -7th of May, 2013 for the health care workers and case management team members from Id Inad clinic in Madang. A total of 11 participants attended comprising of 5 females and 5 males and one TG. While in Madang, FHI 360 STO M&E helped establish data collection and reporting system for Id Inad Clinic and PLWHA. STO M&E provided one-on-one mentoring and technical support to the M&E Officer of PLWHA as well as met with the peer educators and their supervisor to listen to their issues and concerns in using the daily dairies. Issues relating to electronic data collections and reporting system has been addressed while issues with daily dairies were referred to FHI 360 M&E Officer for further action.

The FHI 360 team has developed an automated reporting system for outreach intervention data using Microsoft Excel and have distributed it to the Salvation Army, Four Square Church/LLHS and PLWHA which are the three IAs implementing community outreach. Data collected by outreach team members will be entered into an Excel spreadsheet which will produce a monthly summary once all the data is entered. The Excel data entry templates for HIV counseling and testing, STI management and OI/ART data have been developed and monthly summary forms have been developed and completed in Q3. The only outstanding forms are the forms related to GBV services however GBV has been incorporated into other reporting forms such as the outreach daily dairy, HCT and ST forms.

Monitoring of the COGs in all clinics supported under MARPs project will be implemented during the fourth quarter.

SUMMARY TABLE

The table below summarizes achievements by IR during the reporting period. Activities listed are based on those outlined in the revised FY13 work plan; a separate table is included listing start-up activities undertaken during this period:

Planned activities	Indicators ³	Yearly target	Achievement during reporting period
Activity 1.1.2 Expand HIV prevention campaign		N/A	This activity is not included after the reduction of the project budget.
Activity 1.1.3 Adapt and develop new innovative and MARP-appropriate SBCC materials		N/A	On-going: SBCC materials in final art work and printing stages
Activity 1.1.4 Distribute the 1 Taim U: blo trupla man condom	Number of condoms distributed (non-PEPFAR)	276,906	On-going: 46,000 cola scented and female condoms were distributed by FHI 360 to IAs and other partner organizations (Save). 67,249 condoms (61, 639 cola scented male condoms and 5,610 female condoms) were distributed by IAs to beneficiaries.

³ Indicators listed in this column link to indicators presented in the project's performance management plan (PMP).

Planned activities	Indicators ³	Yearly target	Achievement during reporting period
<p>Activity 1.1.5</p> <p>Explore creative methods for delivering messages to MARPs</p>		N/A	Accomplished: The methods for messaging are identified as part of the SBCC Strategy
<p>Activity 1.2.2 Work closely with implementing partners to develop an outreach retention plan</p>		1 outreach retention plan developed	Draft retention plan developed. Recruitment of the right peer educators is still in progress. Peer educators at Salvation Army for instance are replaced by new.

Planned activities	Indicators ³	Yearly target	Achievement during reporting period
<p>Activity 1.2.3</p> <p>Provide training and mentorship to IA staff and outreach team members to reach MARPS with effective approaches.</p>	<p>Number of MARP members reached with individual or small group level preventive interventions that are based on evidence or meet the minimum standards required (PEPFAR – P8.3.D)</p>	<p>3,000</p>	<p>Ongoing: Refresher training as well as training for micro-planning conducted for 15 and 30 participants, respectively.</p> <p>On-going: 831 MARPs (180 WTS, 55 men in transactional sex (MTS), 101 MSM/transgender men (TG), 222 high risk women and 273 high risk men) were reached</p> <p>1,725 MARPs were reached through group sessions.</p>
<p>Activity 1.2.4</p> <p>Review and update previous hotspot mapping.</p>		<p>N/A</p>	<p>On-going: Completed hotspot mapping in NCD and Madang. 25 sites in NCD and 12 in Madang were mapped. Report will be finalized by the end of August.</p>

Planned activities	Indicators ³	Yearly target	Achievement during reporting period
<p>Activity 1.2.5</p> <p>Develop and implement a system to track follow-up through home visits, group and community activities and one-to-one discussions</p>		N/A	<p>Initiated: Unique Identification System was introduced in NCD and is being trialed in NCD beginning in third quarter.</p> <p>ANZ Bank has showed interest to emboss UIC on the bank ATM cards used by the target population.</p>
<p>Activity 1.3.1 Establish and strengthen linkages and relationships between MARP members and service providers through monthly meetings with key stakeholders</p>		N/A	<p>On-going: 2 monthly meetings between clinical staff and outreach were conducted in NCD and 1 in Madang in Q3.</p>
<p>Activity 1.3.3 Review, modify, and create tools to facilitate linkages</p>	<p>Number of referrals from HIV-related interventions to GBV services</p>	50	<p>On-going: Data collection and reporting tools have been developed to capture referral.</p> <p>Referral cards have been approved by NDoH and NACS and are in printing stage.</p> <p>Three clients accessed the House of Hope Meri Seif place during Q3. Two for physical abuse and one for rape</p>

Planned activities	Indicators ³	Yearly target	Achievement during reporting period
Activity 1.4.1 Conduct targeted stigma and discrimination sensitization	Number of sensitization sessions held on S&D Number of individuals sensitized on S&D	5 100	On-going: No formal sessions were held in Q3.
Activity 1.4.3 Replicate lessons and best practices at other program implementation sites		N/A	
Activity 2.1.1 Expand to new clinical sites		3 clinical sites	On-going: Accreditation secured for all HCT services and services commenced except Koki Clinic
Activity 2.1.2 Provide intensive in-service training, supportive supervision, and mentorship to Program clinical sites	Number of project staff trained in service delivery	100	On-going: Continuous site visits to provide advice on how best to set up clinics and provide services.

Planned activities	Indicators ³	Yearly target	Achievement during reporting period
Activity 2.1.4 Explore means to break down barriers between community-based outreach programs and clinic-based service delivery		N/A	On-going: First Kirap Bung Wantain (KBW) “Arise and get together” Support group meetings held in Madang. First FSW and MSM/TG support group meetings were conducted separately in NCD.
Activity 2.2.2 Provide a suite of specialized training		N/A	Refer to summary reported under Activity 2.1.2
Activity 2.2.3 Ensure regular meetings and communication		N/A	On-going: Meetings with all IA continued throughout the third quarter.
Activity 2.2.4 Provide TA to the GoPNG.		N/A	On-going: Participated in SI & CST TWG & RAC meetings.
Activity 2.3.1 Provide orientation and training to IAs to develop and deploy CMTs		N/A	On-going: CMT will be recruited and deployed in new clinics in NCD once staff have completed IMAI training.
Activity 2.3.3 Strengthen referrals for PLHIV and their families		N/A	On-going: CMT in Madang supported to refer PLHIV to other services.

Planned activities	Indicators ³	Yearly target	Achievement during reporting period
Activity 2.4.1 Conduct regular meetings of the CoPCT-CC		N/A	Madang PHO signed the agreement during the quarter and are recruiting staff. The activity will be implemented in Q4.
Activity 2.5.1 Work closely with partners		N/A	On-going: FHI 360 technical, program and financial staff conducted different meetings with and mentoring to partnering organizations. Meeting between partner organizations management and FHI 360 management was also conducted to discuss overall progress of the project. .
Activity 3.1.5 Raise awareness of gender issues through training of partner staff, service providers, and community leaders		N/A	Training of 21 NBC journalists in PNG on rights based reporting.
Activity 3.1.6 Support health care and outreach teams to handle GBV cases			The training for service providers is postponed to Q4
Activity 3.1.8 Collaborate with law enforcement			On-going: Initial contacts were made with Public Prosecutors Office for legal support. However due to court work load the office deferred meetings with FHI 360 to July.

Planned activities	Indicators ³	Yearly target	Achievement during reporting period
Activity 3.2.1 Recruit a strong cadre of Peer educators		30 OWs	Accomplished: Refer to activity 1.2.1 above. OWs for GBV will be the same individuals doing outreach for HIV prevention.
Activity 3.2.2 Train OWs		30 OWs	Training and orientation for outreach team will begin once GBV clinical case management systems have been established in Koki and Kaugere Clinics.
Activity 3.3.1 Promote a comprehensive package of services		N/A	Comprehensive package of services is currently provided which includes outreach, SBCC and clinical intervention. Gender based violence related activities have also started albeit in small manner.
Activity 1.4.2 Continue to participate actively on national gender TWGs		N/A	On-going: There was no GBV TWG meeting in Q3. (meetings were postponed due to changes in community development ministry –chair)
Activity 3.3.2 Continue active involvement in policy-making bodies		N/A	On-going: There was no GBV TWG meeting in Q3. (meetings were postponed due to changes in community development ministry –chair)

Planned activities	Indicators ³	Yearly target	Achievement during reporting period
Activity 2.2.1 Develop a training strategy and implementation plan with IA staff members		1 plan developed	On-going: Capacity building plan was completed for IAs following completion of TOCAT assessment
Activity 4.1.1 Provide strategic and intensive on-the-job TA and M&E to partner staff and stakeholders on routine program monitoring, data management, analysis, and use	Number of health care workers who successfully completed an in-service training	N/A	On-going: TA on M&E was completed in both NCD and Madang. 11 individuals were trained in Madang on M&E including five clinicians' three volunteer case management team members and one FHI 360 PO.
Activity 4.1.2 Strengthen ProMEST		N/A	Thought the sub-agreement with Madang PHO is signed the recruitment of staff and unavailability of ProMEST staff disabled the implementation of the activity

Planned activities	Indicators ³	Yearly target	Achievement during reporting period
Activity 4.1.3 Introduce an electronic data entry, management, and reporting system	Number of people trained in data collection, reporting and use at provincial and national level	N/A	On-going: Excel data entry and reporting formats were developed and introduced for data management and reporting.
Activity 4.1.6 Monitor implementation of Clinical Operating Guidelines (COGs)		N/A	On-going: Monitoring of implementation will begin in Q4.
Activity 4.2.1 Operationalize an “early warning system”		N/A	On-going: Assessment and design of an early warning system initiated.
Activity 4.2.2 Collaborate with the NDoH, CHAI, and AusAID and other partners to fill in gaps in the national supply chain		N/A	Drug and testing kit procurement and distribution for HIV and AIDS is being discussed in the TWG for care and treatment. FHI 360 will share its initiatives after trailing the drug registration, use and forecasting system in Madang.

The table below lists only the activities focused on start-up which were meant to be implemented in Q1 but were carried over into Q3 due to slow startup of project in Q1.

Planned activities	Yearly target	Achievement during reporting period
Program Management and Development		
Conduct pre-award assessments and issue sub agreements to implementing partners	7 pre-award assessments and sub agreements	Five sub agreements are signed. The sixth sub-agreement with Modilon General Hospital has not been signed but the work with Id Inad Clinic is continued under the former MOU signed. The sub-agreement with Madang Provincial Health Office was signed in quarter 3.
Host partner meetings to 1) revisit existing tools and indicators, 2) align reporting with project activities including integration of gender sensitive indicators, 3) ensure systems contribute to management and reporting requirements at community and national levels, 4) review/train partner management and data collection staff, 5) develop standardized tools across partners and data collection staff, and 6) appoint M&E focal points for each partner	6 M&E-related partner meetings held	On-going: M&E related meetings were held with 4 IAs and training completed in May 2013. Standard data collection and reporting tools have been developed and systems established. Electronic as well as non-electronic reporting systems have been set-up for all services except for OI/ART and GBV services which will be established once staffs receive appropriate training.
Develop Year 1 calendar of mentoring and supervision visits to partners	1 calendar developed	On-going: Completed a schedule of mentoring and TA visits to IAs for Q4.
Develop an M&E training schedule for partners	1 plan developed	On-going: Complete as part of the TA schedule for Q3 and Q4.
Conduct gap analysis of clinical services offered by 4 clinics in NCD	3 clinics assessed	Accomplished

Planned activities	Yearly target	Achievement during reporting period
Provide project management and financial management support to partners (set up effective systems for donor compliance and quality, develop annual work plan and budgets, etc.)	N/A	On-going: One-to-one support was provided to partners by FHI 360 finance, administration and program team.
Develop and sign MOUs with Madang Provincial Health Office and NCD Provincial Health Office	2 MOUs signed	On-going: the signing of the MoU is pending the signing of MOU between NDOH and USAID.
Conduct weekly meeting/teleconference with USAID AOR and Chief of Party	48 weeks (base on the total number of working weeks in the year)	On-going: teleconferences have been carried out with AOR and meetings held with USAID when in-country.
Develop and finalize Year 1 work plan and submit to USAID (within 30 days of start of agreement)	1 work plan	Accomplished in Q1
Develop and finalize the performance management plan and submit to USAID	1 PMP/M&E plan	Accomplished: PMP based on original funding level was submitted and approved by USAID.
Submit quarterly progress reports to USAID	4 reports	On-going: Two reports have been submitted and approved. This report is the third of four reports to be submitted to USAID in FY13.
Submit SF425 to USAID		On-going: To be submitted to USAID by FHI 360

CORRELATION TO PMP

Below our table summarizes the PMP indicators and achievements towards FY13 targets in Q3.

	Objectives, Intermediate Results (IR), and Indicators	FY13 targets	Q3 Achievements	Monitoring: data source and periodicity	Justification
Objective 1: To increase demand for HIV/AIDS services by MARPs, their sexual partners, and their families					
	IR1.1 Improve knowledge attitudes and practices				
1. PEPFAR output (P8.3.D)	Number of MARP members reached with individual or small group level preventive interventions that are based on evidence or meet the minimum standards required	3,000 individuals	870 individual were reached through individual interactions and 1,725 through group interventions exceeding quarterly target of 750 individual MARPs.	PE and OV daily dairies: - Weekly from PEs and OVs to IA - Monthly from IA to FHI 360 - Quarterly from FHI 360 to USAID	Hotspot mapping slowed down outreach intervention in Q3.

	Objectives, Intermediate Results (IR), and Indicators	FY13 targets	Q3 Achievements	Monitoring: data source and periodicity	Justification
2. Program Outcome (linked to PEPFAR P8.8.N)	Percentage of MARPs knowledgeable of HIV transmission methods	52% among MSM and WTS in NCD; 40% among MSM and WTS in Madang	Trends not conducted in Q3	Trends HIV Module implemented by IAs, Report from FHI 360: <ul style="list-style-type: none"> - Twice per year from IA to FHI 360; - Annually from FHI 360 to USAID 	This activity was further postponed fourth quarter to give more time to outreach teams to concentrate on hot spot mapping and outreach intervention. Selection of the right cadre of peer educators is also still happening
	IR 1.2 Improved health seeking behavior				

	Objectives, Intermediate Results (IR), and Indicators	FY13 targets	Q3 Achievements	Monitoring: data source and periodicity	Justification
3. PEPFAR Output (P11.1.D)	Number of individuals who received counseling and testing services for HIV and received their test results	300 individuals (100 WTS, 50 MSM, 150 other)	477 individuals (200 males and 277 females) including 25 WTS, 3 MTS, 1 MSM/TG, 183 high risk men and women and 265 “non-specific” were tested for HIV and received their results. 212 MARPS accessed HCT services in Q3 exceeding quarterly target of 75.	Daily Client register - Monthly from HCT counselors to IA - Monthly from IA to FHI 360 - Quarterly from FHI 360 to USAID	MARPs are slowly accessing HCT services. Though there is a lot of self-stigma involved as service providers are FBOs.
4. PEPFAR Output (C2.1.D)	Number of individuals who received STI management services	500 individuals (200 WTS, 50 MSM, 250 other vulnerable populations)	145 individuals (8 WTS, 73 high risk men and women and 64 “non-specific”) accessed.	Client Records/Client Registries: - Monthly from HCT counselors to IA - Monthly from IA to FHI 360; - Quarterly from FHI 360 to USAID	STI data available only for May and June for Kaugere and Id Inad and June for Kilakila Clinics and no STI services for Salvation Army in Q3.

	Objectives, Intermediate Results (IR), and Indicators	FY13 targets	Q3 Achievements	Monitoring: data source and periodicity	Justification
5. Program Output	Number of individuals sensitized on S&D	80 individuals (30 peer educators, 30 clinicians, 20 project staff)		Training reports: - Monthly from IA & FHI 360; - Quarterly from FHI 360	There was no formal sensitization sessions in Q3
6. Program Output	Number of condoms distributed	276,906 condoms	67,249 condoms (61,639 cola scented male condoms and 5,610 female condoms) distributed to MARPs by IAs	Daily OV/PE Dairies: - Monthly from IA & FHI 360; - Quarterly from FHI 360	Outreach intervention began was slowed due to hot spot mapping and slow start of clinical service by Salvation Army.
Objective 2. To increase supply of HIV/AIDS care, treatment and support services for MARPs					
	IR 2.1 Quality of HIV/AIDS services improved				
7. PEPFAR Output (T1.2.D)	Number of adults and children with advanced HIV infection currently active on ART	150 clients	176 clients from Id Inad Clinic	Client Records/ART Registries: - Monthly from IA to FHI 360; - Quarterly from FHI 360 to USAID	Id Inad is an existing OI/ART clinic; services were not initiated in NCD due to delay in accreditation of Clinics

	Objectives, Intermediate Results (IR), and Indicators	FY13 targets	Q3 Achievements	Monitoring: data source and periodicity	Justification
8. Program outcome	Percent of adults and children lost to follow-up during the reporting period	TBD	Five clients were lost lost to follow-upin May and June 2013 (2.8%)	ART Registry: - Monthly from IA & FHI 360; - Quarterly from FHI 360	Id Inad Clinic data only; ART services were not in initiated in NCD due to delay in accreditation
9. PEPFAR Outcome (T1.3.D)	Percentage of adults and children known to be alive and on treatment 12 months after commencement of ART	78% overall rate	Yet to be calculated for clients in Id Inad Clinic	ART Registry: - Monthly from IA & FHI 360; - Quarterly from FHI 360	Rate was not calculated from Id Inad Clinic data as system is still being established
IR 2.2 Coverage of HIV/AIDS services improved					
10. PEPFAR Output (P7.1.D)	Number of PLHIV reached with a minimum package of prevention with PLHIV (PwP) interventions	60	PwP training not yet conducted in Id inad Clinic;	- Monthly from IA & FHI 360; - Quarterly from FHI 360	Awaiting training in Id Inad clinic, Madang and commencement of ART services in NCD.

	Objectives, Intermediate Results (IR), and Indicators	FY13 targets	Q3 Achievements	Monitoring: data source and periodicity	Justification
11. PEPFAR Output (C1.1.D)	Number of eligible adults and children provided with a minimum of one care service	300 clients	194 clients (69 males and 125 females) in Id Inad Clinic in Madang	Client Records/ART Registries: - Monthly from IA to FHI 360; - Quarterly from FHI 360 to USAID	Only clinical services provided in Id Inad Clinic; ART services were not initiated in NCD due to delay in accreditation
12. PEPFAR Output (C2.1.D)	Number of eligible adults and children provided with a minimum of one clinical care service	150 clients	194 clients (69 males and 125 females) in Id Inad Clinic in Madang	Client Records/ART Registries: - Monthly from IA to FHI 360; - Quarterly from FHI 360 to USAID	Id Inad Clinic data only; ART services were not initiated in NCD due to delay in accreditation
13. PEPFAR Output (C2.2.D)	Number of HIV-positive persons receiving cotrimoxazole prophylaxis.	60	Data not captured and reported.	Client Records/ART Registries: - Monthly from IA to FHI 360; - Quarterly from FHI 360 to USAID	In Inad Clinic staff need more support in reporting this indicator.

	Objectives, Intermediate Results (IR), and Indicators	FY13 targets	Q3 Achievements	Monitoring: data source and periodicity	Justification
14. PEPFAR Outcome (C2.4.D)	TB/HIV: Percent of HIV positive persons who were screened for TB in HIV care and treatment settings	60%	Calculations were not done.	Client Records/ART Registries: - Monthly from IA to FHI 360; - Quarterly from FHI 360 to USAID	Care and support services were reported under TASC Order 3 in Q1.
15. PEPFAR Output (T1.1.D)	Number of adults and children with advanced HIV infection newly initiated on ART	60 clients	16 new clients initiated (10 males and 6 females)	ART Registry: - Monthly from IA & FHI 360; - Quarterly from FHI 360	Data only from May and June, 2013 in Id Inad Clinic. ART services yet to begin in other sites.
	IR 2.3 Local capacity of service delivery enhanced				
16. Program Output	Number of trainings provided for building the organizational capacity of local organizations	5 trainings	2 trainings	Training Reports	

	Objectives, Intermediate Results (IR), and Indicators	FY13 targets	Q3 Achievements	Monitoring: data source and periodicity	Justification
17. Program Output	Number of project staff trained in service delivery	100 individuals (30 volunteers, 40 clinical staff, 30 non-clinical staff)		Training Reports/Trip reports/Monthly updates	Only M&E training conducted as reported under Objective 4.
Objective 3. To increase the use facility and community-based gender and gender-based violence interventions					
18. PEPFAR Output (Gender)	Number of people reached by a USG-funded interventions providing GBV services	150	2 clients attended "House of Hope" shelter operated by Salvation Army	<p>Clinical, outreach, helpline and shelter daily registers;</p> <p>IA monthly summary forms:</p> <ul style="list-style-type: none"> - Monthly from clinical, outreach, Helpline and shelter records to FHI 360 - Quarterly from FHI 360 to USAID 	Apart from Meri Seif and House of Hope which are already in existence, GBV-related services are slowly being established.

	Objectives, Intermediate Results (IR), and Indicators	FY13 targets	Q3 Achievements	Monitoring: data source and periodicity	Justification
19. Program Output	Number of referrals from HIV-related interventions to GBV services	50	2 clients were referred to House of Hope Shelter -GBV services not initiated in other sites in Q3	Clinical, outreach, helpline and shelter daily registers; IA monthly summary forms: - Monthly from clinical, outreach, Helpline and shelter records to FHI 360 - Quarterly from FHI 360 to USAID	Apart from Meri Seif haus shelter which was already in existence, GBV-related services are slowly being established.
20. PEPFAR Output (P6.1.D)	Number of persons provided with PEP	100	No sexual violence cases were served in Q3	Clinical daily registers; IA monthly summary forms: - Monthly from IA to FHI 360 - Quarterly from FHI 360 to USAID	No GBV-related clinical services were delivered in Q3.
21. Program Output	Number of clinical providers trained in GBV case management	15	GBV services not initiated in Q3	Training reports: - Monthly from program (FHI 360) records - Quarterly from FHI 360 to USAID	No GBV-related trainings were delivered in Q3.

	Objectives, Intermediate Results (IR), and Indicators	FY13 targets	Q3 Achievements	Monitoring: data source and periodicity	Justification
22. Program Output	Number of PEs, OVs, and OWs trained in SBCC messaging for GBV	30	GBV services not initiated in Q3	Training reports: - Monthly from program (FHI 360) records - Quarterly from FHI 360 to USAID	No GBV-related trainings were delivered in Q3.
23. Program Outcome	Proportion of target population reporting increased agreement with the concept that males and females should have equal access to social, economic and political opportunities	TBD	Trends not conducted in Q3	Trends module on GBV applied by PEs, OVs, and OWs: Bi-annual (twice per year)	GBV Trends was not planned for Q3.
24. Program Outcome	Percentage of target population that reports knowing where to seek help if they suffer from physical or sexual abuse.	TBD	Trends not conducted in Q3	Trends module on GBV applied by PEs, OVs, and OWs: Bi-annual (twice per year)	GBV Trends was not planned for Q3.
Objective 4. To strengthen health systems for HIV/AIDS service delivery					
	IR 4.1 Monitoring and evaluation improved				

	Objectives, Intermediate Results (IR), and Indicators	FY13 targets	Q3 Achievements	Monitoring: data source and periodicity	Justification
25. PEPFAR Output (H2.3.D)	Number of health care workers who successfully completed an in-service training program	35	11 individuals	FHI 360 training log: - Quarterly from program (FHI 360) records - Quarterly from FHI 360 to USAID	
26. PEPFAR Output (H1.1.D)	Number of people trained in data collection, reporting and use at provincial and national level	TBD	11 individuals	FHI 360 training log: - Quarterly from program (FHI 360) records - Quarterly from FHI 360 to USAID	MARPS project staffs were trained.
27. PEPFAR outcome (H1.2.D)	Percentage of testing facilities (laboratories) that are accredited according to national or international standards tests	TBD	No accreditation during this period.	Narrative reports: - Program (FHI 360) records - Quarterly from FHI 360 to USAID	

	Objectives, Intermediate Results (IR), and Indicators	FY13 targets	Q3 Achievements	Monitoring: data source and periodicity	Justification
28. PEPFAR Outcome (H6.1.D)	Monitoring policy reform and development of PEPFAR supported activities	1	No monitoring of policy reform done during this period.	Narrative reports: - Program (FHI 360) records - Quarterly from FHI 360 to USAID	
	IR 4.2 Supply chain management improved				
29. Program Output	Number of facilities reporting no stock out of ART, OI and STI drugs in the last three months	4	No supply chain management activities done during this period.	Monthly program updates	HCT and STI services have only just commenced in Q2.
30. Program Output	Number of health care workers and service managers trained in medicines inventory management	10	No supply chain management activities done during this period.	FHI 360 Training Log: - Program (FHI 360) records - Quarterly from FHI 360 to USAID	HCT and STI services have only just commenced in Q2.

	Objectives, Intermediate Results (IR), and Indicators	FY13 targets	Q3 Achievements	Monitoring: data source and periodicity	Justification
31. Program Output	Number of facilities using computerized reporting for drug supply management	TBD	No supply chain management activities done during this period.	FHI 360 drug supply management log: - Program (FHI 360) records - Quarterly from FHI 360 to USAID	HCT and STI services have only just commenced in Q2.

RESULT-BY-RESULT ANALYSIS

Project start-up: program management and development

Activity 1: Conduct pre-award assessment and issuing of Sub Agreements

FHI 360 has signed cost on behalf agreement with Madang PHO. There was no need to do pre-award assessment as per the contracting mechanism used. FHI 360 signed five sub-agreements except Modilon General Hospital.

Activity 2: Host partner meetings

Reported under Objective 2.

Activity 3: Develop year 1 calendar of mentoring and supervision visits to partners

FHI 360 STO CST developed a calendar for mentoring and supervision for FY 13 while FHI 360 M&E team developed a mentoring and technical assistance schedule for the third quarter and fourth quarters.

Activity 4: Developing an M&E training schedule for the partners

This activity is accomplished in Q2.

Activity 5: Conduct Gap Analysis of Services Offered by 3 clinics in NCD

GAP analysis was carried out in Q1.

Activity 6: Provide project management and financial management supports to partners (set up of office systems for donor compliance, develop annual work plans and budget)

FHI 360 Finance team continued to conduct on the job training and mentoring support to new officers in the project for FSVAC and Salvation Army focusing on SFR process and the sub-agreement. Finance Officer also assisted the IA team to understand the budget and its links to the SoW. She also trained them on donor requirement and compliance procedures.

Activity 7: Develop and sign MOUs with NCD Health Office

The signing of the MOU with sub national government bodies will follow the MOU signing between USAID and NDOH. This activity has therefore been deferred indefinitely as it is dependent on the MoU between NDOH and USAID>**Activity 8: Conduct meetings/teleconferences with USAID AOR,**

Activity 8: Activity Manager and Chief of Party

FHI 360 Chief of Party and Deputy Chief of Party held regular meetings/teleconference with USAID AOR and the Activity manager.

Activity 9: Develop and finalize Year 1 Work plan and submit to USAID (Within 30 days of Agreement)

Year 1 plan was finalized and approved by USAID. Due to the recent contract modification, USAID indicated to work on the year 2 work plan for submission in Q4 period.

Activity 10: Develop and submit the performance management plan and submit to USAID

Revised copy of PMP has been approved by USAID. The PMP will be revised and submitted along with year 2 work plan during Q4.

Activity 11: Submit quarterly progress reports to USAID/Philippines

This report is the third of four quarterly reports that are to be submitted to USAID/Philippines in FY13.

Activity 12: Submit SF425 to USAID

SF425 will be submitted directly from FHI 360 Headquarters in Washington DC.

OBJECTIVE 1: To increase demand for HIV/AIDS services by MARPs, their sexual partners, and their families

ACTIVITY 1.1.1 Review and modify SBCC strategy.

This activity has been accomplished in the second quarter of FY13. Matt Avery, FHI 360 APRO Technical Advisor for SBC traveled to PNG from June 15-July 5, 2013 to review progress from his previous TA and to assist PNG staff in preparing for upcoming SBC activities and finalization of SBC tools. During his visit, Avery provided guidance on finalizing several communication and referral tools, and helped staff to draft plans for holding an entertainment club managers' coordination meeting and a workshop to prepare terms of reference for MARPs support group meetings. He also traveled to Madang to review project activities, and delivered recommendations for technical strengthening of the project in Madang.

ACTIVITY 1.1.3: Adapt and develop new innovative and MARP-appropriate SBCC materials

FHI 360 PNG completed the necessary processes for development of the SBCC materials particularly the "risk cards" for the MARPS project. The risk cards will assist women in transactional sex (WTS) and men who have sex with men (MSM) to self-assess their level of risk for HIV. These processes involved liaising with the National AIDS Council Secretariat (NACS) and Matt Avery, SBC Advisor from FHI 360 APRO for their review and feedback. FHI 360 is in the process of finalizing the art work of eight illustrations for risk assessment cards for MSM versions.

During Matt Avery's TA, he worked with Bolalava Vaia, FHI 360 PNG SBC officer to review and finalize the following SBC tools:

- Outreach and Clinic Referral Cards: currently in print
- Outreach SOP Cards: currently in print
- Risk Cards and Instruction Book: final stage of art work

Risk Message Cards: Reviewed and modified as per the SBC plan. Currently CO staff feedback is sought to finalize the cards

Matt Avery also worked with local staff to draft two new SBC tools focused on key STI messages. The first, a booklet on *“What To Expect At Your Check-Up”* is adapted from a similar material produced by FHI 360 Cambodia and should be ready for printing by the end of July. The second, a *Choose Your Own Adventure*-style comic book, will be finalized for pre-testing by Matt Avery’s next TA around mid-September 2013. FHI 360 PNG team will work with IAs to review and modify the draft storyline and prepare pictures. Layout and printing of the comic book will be done in Bangkok and Port Moresby respectively.

ACTIVITY 1.1.4: Distribution of the “1 Taim U: Blo trupla man” condoms

FHI 360 continued to distribute boxes of condoms and lubricants to IAs that would distribute condoms and lubricants either directly to beneficiaries during individual and group sessions as well as indirectly through outlets set up in the targeted sites.

In Q3, FHI 360 distributed a total of 38, 000 condoms (33, 000 cola scented male condoms and 5, 000 female condoms) to implementing agencies in NCD and Madang. A total of 56, 000 lubricant packets were also distributed to IAs. Apart from distributing condoms to its IAs in Q3, FHI 360 PNG also provided an additional 8, 000 cola scented male condoms and 16,000 lubricant packets to Save the Children’s Poro Sapot Project and Friends Frangipani which is a network of female sex workers and MSM.

The three implementing agencies (Four Square Church/LLHS, Salvation Army and PLWHA) distributed a total of 67, 249 condoms including 61, 639 cola scented male condoms and 5,610 female condoms to target populations in Q3. During this reporting period, the three implementing partners also distributed a total of 16,577 lubricant packets and 203 IEC materials. PLWHA in Madang received most of HIV/AIDS and STI pamphlets from Madang PAC.

ACTIVITY 1.1.5 Explore creative methods for delivering messages to MARPs

The SBCC strategy outlines the different creative methods for delivering messages to MARPS. The country office is currently in the process of finalizing risky sexual behavior assessment cards and risk perception communication materials targeting MARPs. Meanwhile, PEs have been trained by FHI 360 team to conduct ongoing daily outreach with their peers.

ACTIVITY 1.2.1: Recruit a strong cadre of outreach team members

PLWHA and LLHS/ Four Square Church recruited their 10 peer educators and 2 field support officers each in Q2. Salvation Army recruited only five peer educators all of whom were WTS while the other five were men from the general population. Salvation Army already replaced the men from general population with MTS and MSM/TG. The composition of the peer educators for PLWHA had more 8 WTS compared to 2 MSM/TG. FHI 360 program team advised PLWHA coordinator to recruit MTS and MSM/TG as replacement for any peer educator (WTS) who are not performing to expectation.

ACTIVITY 1.2.2: Work closely with implementing partners to develop an outreach retention plan

A draft outreach retention plan has been developed. FHI 360 team will work with IAs to implement the outreach retention plan in Q4 as recruitment of peer educators completed only during Q3.

Activity 1.2.3: Provide training and mentorship to IA staff and outreach team members to reach MARPS with effective approaches.

FHI 360 conducted a micro planning workshop for PEs of both the IAs including Salvation Army and Four Square Church/LLHS on 23rd May at House of Hope of Salvation Army. A total of 30 participants including 20 peer educators, 2 M&E officers, 4 FSOs, and 4 project staff from Salvation Army and Four Square Church/LLHS participated in the workshop. The one day workshop covered the basics of micro planning, the process of micro planning, PE daily dairy reporting, and Individual tracking system. FHI 360 PNG technical team in collaboration with staff of Four Square Church/ LLHS in Kilakila Clinic developed a unique identification coding (UIC) system for clients. The new UIC system will be piloted in the next three months from June to August, 2013. The UIC was introduced to 20 peer educators, 4 fields support officers and 2 M&E Officers during a one day workshop focused on micro-planning.

From June, 3rd to the 7th, FHI 360 in collaboration with Four Square Church/LLHS and Salvation Army conducted refresher training for the peer educators of both IAs to go through all the topics, forms and discuss any issues identified in the field since the first training was conducted in February. Fifteen staffs (two males, ten females and three trans- genders) attended the refresher training.

ACTIVITY 1.2.4: Review and update previous hotspot mapping.

On April 8, FHI 360 program officers conducted a training of the peer educators and field support officers on hot spot mapping. The first phase of the hot spot mapping exercise focused on observation techniques from 18th - 20th of April. FHI 360 and IA team mapped 25 hotspots in NCD. A team of 30 people from FHI 360, Four Square Church/LLHS and Salvation Army participated in the hotspot mapping exercise. FHI 360 and IA teams conducted the 2nd phase of the hotspot mapping exercise from 02nd – 04th of May. The objective of the second mapping was to identify and confirm the sites, identify the types of MARPS population and the peak timings' from the first observations. The joint exercise enabled the IAs to identify and confirm the hotspots within the respective catchments areas successfully.

As per the Annual Implementation Plan of first year, FHI 360 and PLWHA planned the hotspot mapping exercise in March but it was delayed to June. Delays occurred due to FHI 360 team engagement with NCD based IAs to complete the hotspot mapping exercise in NCD. FHI 360 in partnership with PLWHA conducted the hot spot mapping exercise from 20th – 29th June 2013. Peer Educators of PLWHA led the mapping exercise to identify 22 hotspots. Madang team also divided the 22 hotspots into six zones by assigning six teams of PEs and project staff.

A total of 870 MARPs including (187 WTS, 57 men in transactional sex (MTS), 110 MSM/transgender men (TG), 237 high risk women and 279 high risk men) through one-to-one contacts during Q3. The majority of the MARPs (423) were reached by the team from PLWHA in Madang who reached more high risk men and women (81.5%) compared to WTS (9.5%) and MTS and MSM/TG combined (9.0%). The outreach team from Four Square Church/ LLHS conducted outreach for the full three months of third quarter and reached a total of 347 MARPs comprising mostly WTS (37.5%) followed by high risk men and women (33.7%) and MTS and MSM/TG combined (28.8%). Salvation Army on the other hand spent quality time shaping the outreach team by recruiting peers carefully during Q3. The previous outreach workers were not peers so Salvation Army had to terminate the contracts of all the outreach workers.

The new outreach team from Salvation Army reached a total of 100 MARPs mostly high risk men and women (54%), followed by MSM/TG (21%) and WTS (17%) with the remaining being MTS (8.0%). In addition to the one to one sessions, an additional 1,725 MARPS were reached through group sessions. M&E team assessed these number could overlap with MARPs covered through one to one outreach sessions. The number of MARPs reached through outreach intervention increased considerably during the third quarter after a slow start in the second quarter. Due to the planned hotspot mapping exercise during their quarter slowed down the pace of outreach work.

ACTIVITY 1.3.1 Establish and strengthen linkages and relationships between MARP members and service providers through monthly meetings with key stakeholders

FHI 360 staff managing the IAs are conducting regular visits to provide technical assistance to clinicians and peer educators to improve the referral systems from communities to project clinics. PEs of both the IAs are encouraged to conduct regular one to one and groups sessions with peers and to refer their peers for VCT and STI services. FHI 360 M&E team have developed and introduced daily diary for peer educators to record the interventions done in the communities and referrals made to Four Square Church/LLHS clinics. After the series of trainings and mentoring support, the PEs are conducting quality outreach to reach out to their peers to enable them to access services at the clinics.

With technical support from FHI 360 PNG, Four Square Church/ LLHS conducted two joint outreach and clinical team meetings to strengthen referral linkages between the field and the clinics. All the staffs from both Kilakila and Kaugere clinics and outreach team attended these meetings. Clinical Staffs and PEs shared data related to clients and referrals. The purpose of the coordination meeting was to identify barriers and improve linkages between the outreach and clinical services. It was encouraging to see the figures to assess how well the PEs are doing in their respective catchment area/hotspots.

ACTIVITY 1.3.3 Review, modify and create tools to facilitate linkages

FHI 360 SBC officer developed the new clinical and outreach referral cards in consultation with FHI 360 technical teams from the PNG country office and APRO. NCD Health Services has approved the referral cards which are sent for printing.

ACTIVITY 1.4.1 Conduct targeted stigma and discrimination sensitization

There was no formal sensitization session in Q3. New and replacement staff recruited during the third quarter particularly the clinical staff for Salvation Army and new staff for Four Square Church/LLHS will be formally trained and sensitized in July 2013.

ACTIVITY 1.4.2: Continue to participate actively on national gender TWGs

Moved to Objective 3

ACTIVITY 1.4.3 Replicate lessons and best practices at other program implementation sites

This activity is removed due to reduced scope of work at the project level as agreed with USAID. At the same time, mid-term review of National HIV Strategy has termed CoPCT model as high impact strategy for replication.

OBJECTIVE 2: To increase supply of HIV/AIDS services for MARPs, their sexual partners, and their families

ACTIVITY 2.1.1: Expand to new clinical sites

FHI 360 and IAs with continuous networking with NDOH are able to initiate two rapid tests in all the VCTC at Ela Beach, Kaugere and Kila Kila VCTC Center will act as a point of referral to all gender based violence cases occurring amongst MARPs and women & girls survivors of violence. In the interim, work has begun in developing the systems for recording counseling sessions. FHI 360 has assisted the Salvation Army team to develop a VCTC daily Log book for recording manual data. FHI 360 STO has provided mentoring on FHI 360 check lists for VCTC; and internal and external quality assurance mechanisms on a weekly basis.

Dr Jerry Tanumei, Director for Curative and Prevention Health Care Services for NCD PHO visited the Salvation Army's Koki Clinic and Four Square Church/ LLHS supported Kaugere and Kilakila Clinics on 8th of May. Dr Tanumei indicated to initiate non-laboratory clinic services without awaiting the formal registration by PNG Medical Board. Dr. Tanumei agreed to write recommendation to NDOH to allocate the clinic code to Koki Clinic of Salvation Army to receive STI and other medical drugs from Area Medical Store.

Dr Tanumei also recommended Four Square Church/ LLHS for certain renovation to minimize cross infections of TB and HIV. Dr Tanumei gave verbal approval for renovations to commence and formal approval to be followed later. NCD PHO and NDOH staffs were satisfied with the renovation work done in Koki and Kaugere Clinics.

ACTIVITY 2.1.2 Provide intensive in-service training, supportive supervision, and mentorship to Program clinical sites

FHI 360 technical team continued to provide supportive supervision and mentorship to program clinical sites mostly in NCD during Q3. The ongoing mentoring and technical support enabled the staff of Kaugere and Kilakila LLHS clinics and VCT centre of Salvation Army to provide quality HCT services during Q3 while Kilakila and Kaugere Clinics in NCD and Id Inad Clinic in Madang also provided STI services.

During Q3, of FY13, a total of 477 individuals (200 males and 277 females) were tested for HIV and received their results in the four project clinics (3 in NCD and 1 in Madang). It is expected that Koki Clinic will operate its services during Q4. Of the total number of clients tested 25 were WTS, 3 were MTS, 1 MSM/TG, 91 were high risk women, 92 were high risk men, 161 low risk women and 104 low risk men. The number of MARPS accessing HCT services in Q3 was 212 compared to none in Q2. "non-specific" category was not counted. during Q2. In Q2, two clinics namely Kaugere in NCD and Id Inad in Madang reported 478 individuals categorized as "non-specific" as staffs in these clinics were not trained on the use of decision tree tool. IAs with support from FHI 360 have begun forming MSM/TG and FSW support groups. FHI 360 in partnership with IAs will guide these MARPs support groups to address self-stigma and encourage more interaction between service providers and target beneficiaries.

FHI 360 technical team worked with IAs to set up systems for regular STI checkups for MARPs, enhanced syndromic management and one presumptive treatment in the clinics at Kaugere and Kila Kila. This included development of clinical formats including STI registers. FHI 360 technical team also conducted regular mentoring support to IA clinical staff which included sexual history taking, syndromic diagnosis and correct treatment as per National Care & Treatment Guidelines developed by NDOH. A total of 145 individuals (48 males and 97 females) accessed STI diagnosis/screening services in Q3. Majority of the clients accessing the STI services were high risk men and women (73) followed by “non-specific” or low risk men and women (64) with only 8 WTS reported so far in all three clinics combined reporting. Of the total that accessed STI services, 116 came with STI symptoms, 27 came for checkup and 2 came as follow-ups. However, 27 MARPs reported to the clinics for, “regular STI check-ups” which showed increasing possibility of MARPs accessing clinical services in future.

ACTIVITY 2.1.4 Explore means to break down barriers between community-based outreach programs and clinic-based service delivery

FHI 360 supported the implementing partners PLWHA and Modilon Hospital – Id Inad Clinic to conduct a first Kirap Bung Wantaim (KBW or “Arise and Get Together”) PLHIV support group meeting for FY13 on the 22nd of May, 2013 at the thatch hut next to the Id Inad clinic. A total of 32 participants (12 males and 20 females) attended the meeting including 3 MSM and 12 WTS. The topics discussed were positive prevention, confidentiality of clients and drug adherence. The peer support resource centre (PSRC) was introduced to the participants to seek more information related to STI/HIV issues

On the 21st of June, FHI 360 MARPs program team in NCD supported the two IAs in NCD namely Four Square Church/ LLHS and Salvation Army to conduct the first FSW and MSM/TG support group meetings with the peer educators and their target population. IAs organized two support group meetings which were directed to FSW in the morning and MSMs/TG in the afternoon on the same day. Each peer educator was asked to invite 2 of their peers to the meeting due to availability of limited space at the meeting venue. Facilitators from FHI 360 and IAs encouraged the groups to come up with catchy names for their groups. The members will vote to select the name in the next meeting. The discussions also focused on getting views on how best they would like to see the support group meetings are facilitated. The activities carried out included participants to discuss current issues they are facing as individuals related to their personal health and hygiene, safety and security issues and accessing clinical services; and to discuss ways or activities that could be done collectively as a group to address these issues. From these discussions and presentations the program team was able to identify the key issues for the two support groups. Few issues were similar for both the groups but prioritized differently.

ACTIVITY 2.2.2 Provide a suite of specialized training

See Activity 2.1.2 and 4.1.3.

ACTIVITY 2.2.3: Ensure regular meetings and communication

Shiv Nair, Chief of party and Daniel Tesfaye, Deputy Chief of Party attended regular meetings with Dr Pankaja Panda, Health Advisor and Judy Chen, AOR from USAID to update the progress of the project.

Shiv Nair, Country Director and Chief of Party of the MARPs project travelled to Madang on the 23rd – 24th May to provide management support to FHI 360 Madang field office and to discuss lease agreement

clauses with Divine Word University and also to meet with the IAs in particularly the CEO of Modilon General Hospital on budget cuts and incentive fund application.

FHI 360 PNG Finance Officer conducted a mentoring visit to Salvation Army IA mentored the finance officer of Salvation Army on SFRs and monthly projections. In June FHI 360 Finance Officer also conducted visits to FSVAC and provided mentoring support to FSVAC Officers on finance related issues.

As reported under objective four, FHI 360 team led by Capacity Building Advisor conducted visits to all IAs in NCD and Madang and provided support in filling out the TOCAT checklists in preparation for the TOCAT assessment. One visit was conducted to Four Square Church/ LLHS on 21st May.

The FHI 360 PNG Deputy Country Director and PO for Salvation Army met with the Project Management staff of Salvation Army to discuss certain issues and also discussing the justification of awarding the building contract to a certain company.

FHI 360 Deputy Country Director and Program Officer met with FSVAC team twice in June; the first being on the 7th June, 2013 at the FSVAC office. Representatives from FHI 360 included Daniel Tesfaye (Deputy Country Director/Deputy Chief of Party) and Elizabeth Tama, Program Officer who met with the coordinator of FSVAC Ms Ume Wainetti. The main points discussed were recruitment, activities under sub agreement and way forward after the journalists training. The outcome of the meeting was for FSVAC to transfer two staff to the positions as per the budget. These two staff will be responsible for implementing the activities. It was discussed that the way forward after the training of the journalists was to utilize them to disseminate information on the sorcery act. Also leaflets and pamphlets will be produced on the sorcery act. Another activity will be to conduct radio/TV shows. The second meeting was held on June 17th with Ms Agatha Pio, the newly recruited Research and Communications Officer. This meeting was basically to orient Ms Pio on the project and what she will be basically doing as per FSVACs scope of work. The action points for the meeting were to follow up on the journalists who attended the training in May and organize radio and TV shows and start subscribing to newspapers and journals and scan articles on GBV and file so that they can be used as advocacy tools.

ACTIVITY 2.2.4: Provide TA to the government of PNG

In Q3, FHI 360 continued to provide TA to GoPNG through participation in a number of national level technical working groups, and committees. FHI 360's STO – M&E participated in a number of meetings Strategic Information TWG meeting which was focused on assisting NACS with the implementation of a MARPS size estimation exercise, estimates and projections for the national HIV prevalence, and preparation of the 2011 annual surveillance report which was finalized. FHI 360's STO, M&E actively contributed to the SI TWG as a core member providing input for the drafting of the 2011 Surveillance report. FHI 360's STO, Care and Treatment Dr Anup Gurung, attended the Research Advisory committee's second meeting for 2013 which was held on the 3rd of June in Holiday Inn.

TWG for care and treatment were focused on lab strengthening which included the roll out of the POC PIMA CD4 machines. FHI 360 also confirmed that three PIMA CD4 machines will be acquired for roll out of ARTs amongst MARPs in Port Moresby and Madang.

FHI 360 STO, CST was invited for a WHO workshop for delivering a talk on mechanisms to reduce lost to follow up and increase ART adherence levels amongst PLHIV on ART from FHI 360 previous experience in the last USAID phase.

FHI 360 participated in the Medium Term Review (MTR) for the National HIV Strategy 2011 – 2015 at Holiday Inn on the 8th and 9th of May together with other UN agencies, INGOs, Local NGOs and the PACs. The overall outcome of the reported indicated we are a long in achieving the targeted indicators outlined in the strategy. The main areas to be focused on now were on Prevention, Care and Treatment, and System strengthening to achieve more in the remaining 2 years. Emphasis was also given to working with the MARPs.

The mid-term review identified CoPCT as high impact strategy for HIV response in PNG and acknowledged the model to be replicated nationally. FHI 360 with support from USAID/RDMA piloted the COPCT model in two strategic locations in PNG namely Madang and NCD from 2008-2012. Upon invitation from NACS, FHI 360 management and technical team made a formal presentation to the management and senior staff of NACS at the Kanawi Conference Room on 21st of June, 2013. During the three hour presentation which was followed by discussions, FHI 360 team discussed the various key components of the model as well as challenges, success, and lessons learnt during the implementation. FHI 360 team shared document and materials produced during the implementation of the CoPCT model with the NACS team who spoke highly of the model.

ACTIVITY 2.3.1 Provide orientation and training to IAs to develop and deploy CMTs

As reported in Q2, PLWHA recruited and deployed case management team who are currently operating at Id Inad Clinic in Madang while LLHS and Salvation Army have yet to recruit and deploy their CMT due to delay in establishment of OI/ART services in clinics in NCD. Four Square Church/ LLHS and Salvation Army have selected two clinicians to attend an IMAI training in July 2013. A pre-requisite for the accreditation of the clinic as an ART OI/ART site is a trained IMAI staff in the clinical team.

Meanwhile Id Inad Clinic has reported data for May and June 2013 indicating that the clinic has 176 clients (63 males and 113 females including 17 children aged less than 15 years) active on ART at end of the reporting period. In the two months of May and June, 2013 a total of 16 individuals (10 males and 6 females including four children under the age of 15 years) were initiated on ART in Id Inad Clinic. A total of 194 clients (69 males and 125 females) were provided with a minimum of one care service during the two months. The same clients were also provided with clinical care.

ACTIVITY 2.3.3 Strengthen referrals for PLHIV and their families

This activity was only initiated by PLWHA working in partnership with the Id Inad Clinic in Madang to train and orient the CMT member deployed in Q2. The two IAs in NCD will initiate the activity following the accreditation of OI/ART services in respective clinics.

ACTIVITY 2.4.1 Conduct regular meetings of the CoPCT-CC

Though the sub-agreement with Madang PHO is signed, there have been delays in recruiting the project staff. As a result, CoPCT coordination Committee meetings are not organized.

ACTIVITY 2.5.1: Work closely with partners

FHI 360 team member participated in stakeholder meetings and workshops in Q3.

Bolalava Vaia, FHI 360 SBC Officer continued to represent FHI 360 at the monthly Condom Program Co-ordination Committee (CPCC) meetings during this reporting period. This quarter's meetings were focused on the draft condom communication package (CCP) strategy which has been circulated to all members for comments before it is finalized during next meeting in June. NACS has trialled Condom Companion Package (Condoms packaged with wholesale cartons of soap) distributed to retail outlets in Chimbu and Milne bay Trobriand Islands. Condoms were then distributed from the retail outlet.

FHP 360 PNG team members also participated in the MARPs Communication Workshop conducted by NACS on the 14th - 17th of May 2013 at the NACS Office. The objective of the workshop was to develop a National MARPs Communication Strategy for NACS.. Participants from the workshop included representatives within NACS, FHI 360, Friends Frangipani, Save the Children (Poro Sapot), Tingim Laip, Kapul Champion, Igat Hope, Madang PAC, WHP PAC, Morobe PAC and PNG DLA.

FHI 360 also participated in the MARPs Mapping Workshop with Poro Sapot, Anglicare and Sirus Naraq Foundation Program Officers and Peer Educators from 2nd, 9th and 23rd May, organized by AusAID under HHISP.

FHI 360 program officers also attended one other stakeholder meeting hosted by Tingim Laip "or Value Life" for services providers and key stakeholders. The topic of discussion was on Strengthening Referrals and Linkages. Discussion points included:

- Strengthening referral to increase HIV Services and uptake.
- Conducts awareness to increase demand for HIV services.
- Identify potential services providers whom it refers its client to.
- Services Key affected people are referred for include HCT, STI, ART,
- Referral cards and documentation of outcome of referral, specific services received.

OBJECTIVE 3: To increase use of facility- and community-based gender and GBV interventions

ACTIVITY 3.1.5 Raise awareness of gender issues through training of partner staff, service providers, and community leaders

Five-day training for journalists on Gender based Violence and rights- based reporting was conducted by Family, Sexual Violence Action Committee (FSVAC) specifically for the National Broadcasting Commission (NBC) officers from the 21 provinces in PNG. The workshop was attended by 24 participants (8 females and 16 males) from the 6th -10th May 2013 at Peal Lodge, Boroko, in NCD. The participants represented the 21 provinces with 1 participant per province and the other three participants (Jessica Pyarambon, Nancy Aboga and Elizabeth Tama) represented FHI 360 Country Office.

The workshop was facilitated by FSVAC, and supported by FHI 360 PNG Country Office and NBC Head Office in Port Moresby. The two core facilitators were from the FSVAC (Mr Isi Oru and Mr Sepoe Karava), and co-facilitated by Mr Douglas Dimagi and Mr Charles Tongia from NBC the Port Moresby office.

The participants were taken through 8 core sessions which focused on Human rights and development, Sex & genders, gender based violence, Cycle of violence, Rape, child Sexual Abuse, Sexual harassment,

Violence against women & girl child, Potholes on GBV content generation/output, addressing these potholes at the personal and organizational level.

On the last day of the workshop, original plan was to carry out an outside broadcast, officers were to be stationed in different locations in Port Moresby and interview the public on GBV. There was going to be a panel at the 5 Mile NBC station and addressing the content of the workshop. However, this did not eventuate due to technical and logistical constraints. Instead, this time was taken to reflect on what the broadcaster were going to do when they return to their Provincial station to promote GBV through awareness on air. Towards the afternoon of the last day the participants were certified with the certificate of participation in human rights and GBV workshop. The FHI 360 participants were also certified among the NBC officer of the country.

ACTIVITY 3.1.6 Support health care and outreach teams to handle GBV cases

This activity has been postponed to Q4. The postponement is due to the delays in the processes related to renovation, accreditation and staff recruitment of IAs. Meanwhile two indicators for gender based violence were incorporated into the medical STI case sheets of the clinics and also clinicians trained for the filling up of these case sheets. The STI log book also includes referral for PEP and has now been printed for roll out in the clinics.

ACTIVITY 3.1.8 Collaborate with law enforcement

There were no follow-up meetings with the law enforcement bodies due to the delay in establishment of clinical services in NCD. This activity will resume in Q4.

ACTIVITY 3.2.1: Recruit a strong cadre of peer educators

As described above, under activity 1.2.1, the same individuals recruited as peer educators and peer educators for HIV prevention will also be engaged in outreach for GBV once they are trained.

ACTIVITY 3.2.2 Train OWs

Training of OWs for GBV has been delayed to Q4 due to delay in implementation of clinical services in NCD.

ACTIVITY 3.3.1 Promote a comprehensive package of services

This activity has been postponed to Q4 for the same reason stated above.

ACTIVITY 1.4.2 Continue to participate actively on national gender TWGs

The Department of Community Development is responsible for organizing the National Gender TWGs and FHI 360 is invited for the TWG meetings. FHI 360 team including Mirriam Dogimab, Gender Advisor and Shiv Nair, Country Director had attended the project design meeting in Q3 for the Pacific Initiative on Gender based Violence and Women Empowerment.

ACTIVITY 3.3.2: Continue active involvement in policy-making bodies

FHI 360 staffs were actively involved in policy making bodies as members of various TWG and committees as reported under Activity 2.2.4.

OBJECTIVE 4: To strengthen health systems for HIV/AIDS service delivery

ACTIVITY 2.2.1: Develop a training strategy and implementation plan with the IAs

FHI 360 engaged the services of Siddhi Aryal, a consultant visited the country from the 08th – 20th of April, 2013 to provide technical assistance on capacity building. The TA was focused on analysis of the TOCAT assessment and supporting the Capacity Building Advisor to develop the capacity building plan for the project. This task has been successfully completed through workshops in Madang and Port Moresby with technical assistance from the consultant. The Capacity Needs Assessment using the TOCAT tool has been completed in Port Moresby on the 10th of April at the Wellness Lodge Conference Room in which a total of 14 participants comprising of 7 males and 7 females attended. These participants consisted of the project staffs of the 2 Implementing Agencies in NCD.

The Madang workshop was conducted on the 12th of April at the Madang Lodge Conference Room in which a total of 10 participants attended comprising of 5 males and 5 females. The participants consisted of project staffs of the 2 Implementing Agencies in Madang. From the results of the assessment, a detailed capacity building plan is being developed now for each of the IAs.

In the month of May (21st of May) FHI 360 Capacity building Advisor and Program officers provided follow-up technical support by meeting up with IAs in NCD particularly LLHS, and Salvation Army the Four Square Project and helping them to complete the TOCAT checklist.

ACTIVITY 4.1.1: Provide strategic and intensive on-the –job TA for partners M&E staff and stakeholders and routine program monitoring, data management, analysis and use

FHI 360 PNG conducted the second M&E Training on the 6th -7th May, 2013 for the health care workers and case management team members from Id Inad clinic in Madang. A total of 11 participants attended comprising of 5 females and 5 males and one TG. Those who attended the training included two female nurses, 1 male nurse and 1 female health extension officer (HEO). Also included in this training were 5 volunteers working as OI/ART CMT members (2 males, 1 TG and 1 female) as well as the M&E officer and PC from PLWHA. The training outlined the M&E framework with practical exercises for better understanding of M&E procedures and also captured the newly introduced clinical data forms for the MARPs project (HCT, STI & OI/ART) with practical sessions.

While in Madang, FHI 360 STO M&E helped establish data collection and reporting system for Id Inad Clinic and PLWHA. STO M&E provided one-on-one mentoring and technical support to the M&E Officer of PLWHA as well as met with the peer educators and their supervisor to listen to their issues and concerns in using the daily dairies. Issues relating to electronic data collections and reporting system has been addressed while issues with daily dairies were referred to FHI 360 M&E Officer for further action.

FHI 360 M&E team have conducted a number of site visits particularly to visit the outreach team members and help them out with their issues. A checklist will be developed in the fourth and final

quarter of FY13 which will help all program and technical staff from FHI 360 visiting IAs to ensure that issues are adequately and systematically addressed.

ACTIVITY 4.1.2 Strengthen ProMEST

Though the sub-agreement with Madang PHO is signed the recruitment of staff and unavailability of ProMEST staff delayed the implementation of the activity. This activity will be implemented once the staff have been recruited.

ACTIVITY 4.1.3: Introduce an electronic data entry management, and reporting system

The FHI 360 team has developed an automated reporting system for outreach intervention data using Microsoft Excel and have distributed it to the Salvation Army, LLHS/Four Square Church and PLWHA which are the three IAs implementing community outreach. Data collected by outreach team members will be entered into an Excel spreadsheet which will produce a monthly summary once all the data is entered. The Excel data entry templates for HIV counseling and testing, STI management and OI/ART data have been developed and monthly summary forms have been developed and completed in Q3. The only outstanding forms are the forms related to GBV services however GBV has been incorporated into other reporting forms such as the outreach daily dairy, HCT and ST forms.

ACTIVITY 4.1.6 Monitor implementation of Clinical Operating Guidelines (COGs)

Monitoring of the COGs will be implemented in Q4 now that the new clinics have been accredited and services will be provided by all the five clinics supported by the project.

ACTIVITY 4.2.1 Operationalize an “early warning system”

FHI 360’s senior technical officer for care, support and treatment did an initial assessment of the drug registration, use and forecasting systems and drug inventory management for Id Inad Clinic. A formal gap analyses and draft early warning system are being written up.

ACTIVITY 4.2.2 Collaborate with the NDoH, CHAI, and AusAID and other partners to fill in gaps in the national supply chain

While implementing this particular activity, FHI 360 will need the NDoH leadership to address the gap of national supply chain. This issue will be raised by the STO Care & Treatment during the next TWG meeting on Care & Treatment.

CHALLENGES

- Delays in delivery of clinical equipment had delayed the accreditation of Koki Clinic and start of clinical services for public use.

- Sub Agreements with Modilon General Hospital on GBV facility could not be signed due to reduced funding and assistance to support construction of building of Family Support Center. Kapul Champion, another implementing agency showed its inability to be part of MARPs project as per the decision of the board of Kapul Champion. No formal notification has been sent to FHI 360 yet.
- Most of the delays also attributed to the difficulty in recruiting appropriate and qualified staffs by FHI 360 and its implementing partners.

FINANCIAL SUMMARY

Period Budget	Period Actuals	Remaining Balance	Explanation
Objective 1 (IR 2.1): To increase demand for HIV/AIDS services by MARPs, their sexual partners, and their families			
176,721	154,729	21,992	Activity 1.1.3. the printing of SBC materials still at printers and costs not charged
Objective 2 (IR 2.2): To increase supply of HIV/AIDS services for MARPs, their sexual partners, and their families			
174,434	145,053	29,380	Case management team not yet recruited as ART services have not started during this quarter at LLHS/Four Square Church and Salvation Army clinics. Training for case management team was not conducted as well.
Objective 3 (IR 2.3): To increase use of facility- and community-based gender and GBV interventions			
169,266	146,297	22,968	Consultant to conduct the GBV case management team has not come to PNG to provide technical support as priority was given to set up clinical services
Objective 4 (IR 2.4): To strengthen health systems for HIV/AIDS service delivery			
143,444	142,769	675	
Total Indirect Cost			
177,445	209,236	(31,791)	



USAID
FROM THE AMERICAN PEOPLE

PACIFIC ISLANDS

SNAPSHOT

Mid Term Review of National HIV Strategy Termed USAID supported CoPCT Model in PNG as High Impact Strategy

FHI 360 PNG staff making a presentation on CoPCT model to NACS management and staff



The Government of Papua New Guinea (GoPNG) completed the medium term review (MTR) of the National HIV Strategy (NHS) 2011 – 2015 in May 2013. The NHS 2011-2015 provides the framework and strategy for the national response for HIV & AIDS in Papua New Guinea. The MTR identified the Continuum of Prevention to Care and Treatment (CoPCT) model as high impact strategy for HIV response in PNG and acknowledged the model to be replicated nationally. USAID and FHI 360 implemented the CoPCT model successfully partnership local implementing agencies in Madang and NCD over the last five years (2008-2012). Two of the five areas covered in the MTR recommendations are:

- **Re-think prevention:** The MTR considers that NACS and NDoH should rethink 'prevention' and recognize that prevention and service delivery, whether of counseling and testing, PPTCT, STI services and condom promotion or ART are a part of the continuum that requires all parts to be closely coordinated, linked and reinforced. Similarly condom promotion, distribution and use particularly for MARPS needs to be linked closely to other services.

- **The Continuum of Prevention and Care (CoPC):** MTR identified the need to improve retention in care & Treatment and facilitate MARPs access to clinical prevention, care and treatment services. Around the world, the conceptualization of service delivery across the CoPCT has assisted health managers and service providers to plan accessible, client centered HIV services that meet the needs of MARPs and PLHIV across their lifetime.

The three other areas recommended by the MTR included giving gender appropriate attention, monitoring and reporting on the NHS and systems strengthening areas focused on MTR. All these areas are also the focus of the current five-year "Strengthening HIV Services for MARPS in Papua New Guinea" Project funded by USAID and implemented by FHI 360 and five implementing partners in the same two provinces in PNG.

Upon invitation from NACS, FHI 360 team made a formal presentation to the senior staff of NACS at the Kanawi Conference Room on 21st of June, 2013. FHI 360 team discussed major components of the CoPCT model, its successes and lessons learnt implementing CoPCT in PNG. Dr Moale Kariko, NACS Deputy Director – Care, Treatment and Support on behalf of NACS thanked Shiv Nair, Chief of Party and FHI 360 team to help them under the concept of CoPCT model.

Telling Our Story

U.S. Agency for International Development
Washington, DC 20523-1000
<http://stories.usaid.gov>